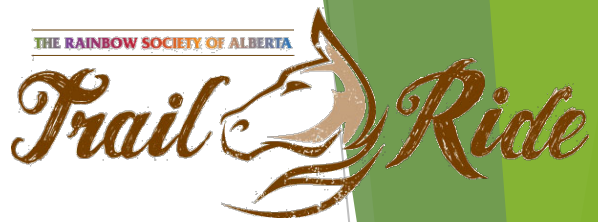


2021

RIDER REGISTRATION



First Name: _____

Last Name: _____

Email: _____

Mailing

Address: _____

City/Town: _____

Postal Code: _____

Phone: _____

WAIVER (Must be over 18 years of age or signed by parent/guardian)

All Riders 18 years of age or older are required to sign the following waiver: TO THE RAINBOW SOCIETY OF ALBERTA, and each of its affiliates, directors, officers, employees, volunteers, contractors, representatives and agents (collectively, the "Releasees"):

IN CONSIDERATION of the furtherance of your purposes, objectives and charitable work, AND IN CONSIDERATION of your permitting me and/or any minor child(ren) named herein to participate in the Trail Ride, on behalf of myself, my heirs, executors, administrators, successors and assigns and on behalf of any minor child(ren) named herein, I HEREBY ACKNOWLEDGE that I am/we are participating in the Trail Ride at my/our sole risk and expense, AND I RELEASE, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE the Releasees and their respective heirs, executors, administrators, successors and assigns and WAIVE any and all rights and claims for damages which I/we may have against the Releasees, the municipality through which the Trail Ride will take place, as well as any other persons connected with the Trail Ride, their respective heirs, executors, administrators, successors and assigns, for any and all loss, injury, illness or damage to my/our property or myself/ourselves and any minor child(ren) named herein, including death, incurred or suffered by me/us or any minor child(ren) named herein while participating in the Trail Ride or as a result thereof, whether caused by negligence or otherwise.

I AM/WE ARE VOLUNTARILY CHOOSING TO PARTICIPATE IN THE ACTIVITIES SET OUT IN THIS WAIVER. I AM/WE ARE AWARE AND UNDERSTAND THAT MY/OUR PARTICIPATION IN THE ACTIVITIES MAY INCREASE THE LIKLIHOOD OF CONTRACTING AND SPREADING COVID-19 AND/OR OTHER VIRUS(ES). I/WE FREELY ACCEPT AND FULLY ASSUME ANY AND ALL OF THE RISKS AND DANGERS INVOLVED, INCLUDING, BUT NOT LIMITED TO, THE POSSIBILITY OF SICKNESS, DEATH, OR SPREAD OF COVID-19 AND/OR OTHER VIRUS(ES), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I understand photographs, video and audio recordings are necessary to promote and enhance the fundraising efforts of The Rainbow Society of Alberta ("Society"). I hereby give the Society full permission to use any photograph(s)/video(s)/audio recording(s) collected today of myself and/or any minor child(ren) named herein for publicity and promotional purposes including, but not limited to, printed materials, publications, radio, TV, and website and social media platforms. I relinquish all rights, title and interest I, and/or any minor child(ren) named herein, may have in the photograph(s), video(s), or audio recording(s), and hereby release the Society from any and all claims or demands for damages of any kind whatsoever arising from the Society's use of the photograph(s), video(s), or audio recording(s).

Name (please print)

Signature of Rider or Parent/Guardian if Rider is under 18 years

Print name(s) of minor child(ren) Rider(s) if applicable: _____